OFFICE USE ONLY STATE OF FLORIDA **APPOINTMENT OF CAMPAIGN TREASURER** AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.) (PLEASE TYPE) **CHECK APPROPRIATE BOX:** V Original Appointment **Deputy Treasurer** Reappointment of Treasurer Secondary Depository 1. Address (include post office box or street, city, state, zip code) Name of Candidate ROGER ARRAMSON 3. Office (add district, circuit, group number) Telephone (optional) 2. Party (Partisan candidates only) COMMISSIM MB-GR. I have appointed the following person to act as my Campaign Treasurer **Deputy Treasurer** 4. Name of Treasurer or Deputy Treasurer SOGER ABRAMSON 5. Mailing Address (If post office box or drawer add street address) 6. Telephone COCCINS AVE. 8. County 9. State 7. City 10. Zip Code 7 MIGAL I have designated the following named bank as my **Primary Depository** Secondary Depository 11. Name of Bank 12. Street Address 13. City 14. County 15. State 16. Zip Code 17. Signature of Candidate Date Campaign Treasurer's Acceptance of Appointment , do hereby accept the appointment as Campaign Treasurer **Deputy Treasurer** for the campaign of who is seeking nomination or election as a candidate to the office of . As a duly registered voter in MIAMI-DADE County, Florida, I am qualified to accept this appointment. UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

Signature of Campaign Treasurer or Deputy Treasurer